



Ebola Information for EMS Providers

(Information current as of 11/18/2014)



Ebola Virus Disease (EVD) Facts and Figures

- To date, **NO** patients within LA County have met the criteria for EVD testing, meaning that no one has exhibited any of the symptoms associated with EVD **AND** a history of having traveled to any of the four West African countries of Sierra Leone, Guinea, Liberia or Mali within 21 days of presentation
- A person without a fever is not considered infectious
- Patients that are acutely ill from EVD have a higher viral load compared to when a person first notices symptoms, therefore patients are not very contagious in the early stages of the disease

Questions and Answers Specific to LA County

DISPATCH/SCREENING

Q: Should dispatch centers be screening callers for EVD?

A: Prior guidance for dispatch centers noted that Los Angeles is not considered at elevated risk. However, dispatch screening may provide important information for responding personnel prior to entering a residence. While the EMS Agency does not mandate dispatch screening, multiple dispatch centers have implemented screening.

Q: How should EMS personnel behave if their dispatch center does not query patients?

A: Prior to patient contact, if patient's presenting symptoms includes symptoms as listed in the case definition for EVD, it is recommended that only one EMS responder conduct the initial screening from a distance of six feet and they should elicit a travel/contact history. If the patient meets the case definition of EVD, they should withdraw from the room (or structure) and follow the 9-1-1 EMS Provider EVD Patient Assessment and Transportation Guidelines.

Q: Should we ask the travel question of any patient that has symptoms as listed on the EMS Assessment Guidance?

A: Yes. This will help determine if the patient meets the case definition of a suspect EVD case and what PPE to wear for protection.

Q: If a patient has other symptoms on the list but does not have a FEVER are they still considered a suspect EVD patient if the patient has a positive travel history?

A: Yes. This patient meets the case definition of EVD. Follow the 9-1-1 EMS Provider EVD Patient Assessment and Transportation Guidelines.

Q: Will Public Health take calls from EMS providers on scene?

A: Definitely. EMS providers should call Public Health at (213) 240-7941 (weekday work hours) or (213) 974-1234 (after hours) to consult with Public Health and should get a call back within 15 minutes. If you don't get a call back within 15 minutes, contact the Medical Alert Center at (562) 941-1037 and ask for assistance in contacting Public Health.

PPE/INFECTION CONTROL

Q: What PPE should be used when dealing with suspect EVD patients?

A: PPE should be targeted to the level of risk of the patient and the risk of exposure to the EMS personnel. Highest level protection is designed to eliminate any and all skin and mucous membrane exposure. Any combination of the following to achieve this requirement is recommended: Level C splash protection, full body suit, double gloves, boots and boot covers, hooded face shield or similar, covers front and sides of face and N95 filtering face piece fluid resistant respirator or APR/ PAPR/SCBA respirator. Visit IAB's PPE guidelines for more information at:

https://iab.gov/Uploads/IAB%20Ebola%20PPE%20Recommendations_10%2024%2014.pdf

Q: What if my department does not have the recommended PPE?

A: The PPE listed is a minimum level and may be exceeded based on what your department/agency has available. The key to protecting your personnel who are using PPE is making sure that the following principles are followed:

1. Adequate training and demonstrated competency in performing infection control practices and procedures, including donning/doffing the PPE.
2. While working in PPE, EMS personnel should have no skin exposed.
3. Donning/doffing procedure must be supervised by a trained observer. Each provider agency is responsible for their staff.

Q: Should we place an N95 mask on the patient?

A: Placing a surgical mask on a patient is indicated for patients that are coughing such as with influenza or if a communicable disease is suspected that is transmitted via the airborne route. Suspect EVD patients do not have cough as an associated symptom and EVD is transmitted via droplet and exposure to blood and body fluids.

DESTINATION/TRANSPORT

Q: Is there a change in LA County EMS Agency transport/destination policies with suspected Ebola patients?

A: No. Per Reference No. 502, Patients should be taken to the most accessible receiving (MAR) facility. Alternate destinations will only be considered after consultation with Public Health and the Base Hospital.

Q: Who will be transporting suspected EVD patients?

A: The jurisdictional 9-1-1 provider or their EOA ambulance provider can transport the suspected EVD patient. 9-1-1 jurisdictional providers who transport their own patients may opt to use one of the County's EOA ambulance providers who have vehicles that are prepped to transport an EVD patient. To access this resource call the EMS Agency's Central Dispatch Office at (866) 941-4401. Refer to the 9-1-1 EMS Provider EVD Patient Assessment and Transportation Guidelines.

Q: Who goes in the ambulance with the suspected EVD patient?

A: At least one patient care person from the 9-1-1 jurisdictional provider must accompany the patient in the ambulance to provide patient care when needed and to help with gurney movement and transport.

Q: How do we transfer care of the suspect EVD patient to hospital personnel?

A: EMS personnel shall notify hospital staff upon arrival at the ambulance unloading area so hospital staff can meet the ambulance at the ambulance bay and place a protective cover on the ground where the patient transfer can occur. The suspect EVD patient will be unloaded from the ambulance, ensuring that EMS providers and their gurney (with the patient) remain on the protective cover. The patient will be transferred to the hospital gurney and report given to hospital personnel. If patient is ambulatory, patient can walk out of the ambulance onto the protective cover and sit on the hospital gurney.

Q: After the transfer of care where do I doff and dispose my PPE?

A: Doffing procedures should be performed outside the ambulance under supervision according to your agency's procedure. Once all PPE has been removed and red bagged it can be placed in the back compartment of the ambulance for storage.

Q: What should I do with the ambulance used to transport a suspect EVD patient?

A: The ambulance should be taken out of service until laboratory results are available (around 24 hours). If the patient tests negative for Ebola, the ambulance will be cleaned per normal cleaning procedure. If the patient tests positive for Ebola, the ambulance company will work with the County to have the ambulance decontaminated and medical waste disposed. Jurisdictional provider agencies will use their internal procedures to have their ambulance decontaminated and the medical waste disposed.

PATIENT CARE/FOLLOW-UP

Q: What interventions should I do when transporting a suspected EVD case?

A: When a patient meets the EVD case definition, EMS contact with the patient is to be minimized. Use of sharps, IV access, and endotracheal intubation are discouraged and appropriate to withhold. EMS crews may assess pulse and pulse quality rather than BP, and support of ventilation with bag valve mask (BVM) ventilation is appropriate. Suction or BVM should only be performed by personnel wearing a P-100 Respirator, APR, PAPR or SCBA.

Q: Should EMS providers be quarantined until Ebola test results are received if they treated a **suspect** EVD patient?

A: No. EMS personnel can go back to duty and will be contacted by Public Health for follow-up.

Q: How will EMS providers be notified that they were exposed to a confirmed EVD patient?

A: Public Health will work with your agency /department to ensure that all affected persons are contacted and given instructions.

Q: How long does it take for Ebola test results to be obtained?

A: Testing is done at the local Public Health laboratory and results can be obtained within 24 hours.

For updated Ebola information visit the EMS Agency website at:

<http://dhs.lacounty.gov/wps/portal/dhs/ems/>